

# MONTHLY OJT PILOT PROGRAM REPORT AND TRAINING LOG

*This is a federally mandated program required by 23 CFR 230 (Code of Regulations). Failure to fulfill this requirement may result in the Contractor being found in non-compliance. Failure to resolve the non-compliance may lead to a reduction in the Contractor's prequalification rating pursuant to the Administrative Rules Governing the Prequalification of Bidders for Highway and Transportation Construction Work*

## ELIGIBILITY REQUIREMENTS FOR OJT PARTICIPANTS:

The person cannot have experience in the training program he/she will be training in;  
cannot be an immediate relative of his/her employer and must be at least eighteen (18) years of age;  
cannot have a college degree or be on summer leave/vacation from a college program;  
cannot be in his/her fourth year of apprenticeship unless the person has completed his/her third year of apprenticeship with the same contractor.

**DISTRIBUTION:** ORIGINAL - MDOT, OEO/LANSING OFFICE  
 COPY - RESIDENT/PROJECT ENGINEER  
 COPY - CONTRACTOR

**INSTRUCTIONS:** Contractor complete and submit form to Michigan Department of Transportation, Office of Equal Opportunity, Business Services Section, P.O. Box 30050, Lansing, MI 48909. Provide a copy to the Resident/Project Engineer and retain a copy for your records. Please fill out one form for each trainee. Trainees cannot be placed on a project prior to training plan approval.

|  |  |   |  |   |                                      |                                       |   |  |   |  |  |
|--|--|---|--|---|--------------------------------------|---------------------------------------|---|--|---|--|--|
| <b>PLEASE CHECK ONE</b><br><br>Contractor <input type="checkbox"/><br><br>Subcontractor <input type="checkbox"/>   |  | <b>CONTRACTOR</b> (Name & Address)<br>_____<br>_____<br>_____ |  | <b>RESIDENT/PROJECT ENGINEER</b><br>_____<br>_____  |                                      | <b>JOB LOCATION</b><br>_____<br>_____ |   | <b>TYPE OF WORK</b><br>_____<br>_____  |   |  |  |
| <b>IF MDOT PROJECT<br/>PLEASE PROVIDE THE<br/>FOLLOWING<br/>INFORMATION:</b>   |  | <b>CONTROL SECTION/JOB NO.</b><br>_____                       |  | <b>FEDERAL NO.</b><br>_____   |                                      | <b>PROJECT START DATE</b><br>_____    |   | <b>PROJECT COMPLETION DATE</b><br>_____  |   |  |  |
| <b>NAME OF TRAINEE:</b><br>_____   |  |   |  |   | <b>SOCIAL SECURITY NO.:</b><br>_____ |                                       |   |  |   |  |  |
| <b>ADDRESS:</b><br>_____   |  |   |  |   | <b>PHONE:</b> (       )<br>_____     |                                       |   |  |   |  |  |
| <b>ETHNIC GROUP</b><br><input type="checkbox"/> Asian <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Black <input type="checkbox"/> Native American<br><input type="checkbox"/> Caucasian <input type="checkbox"/> Other _____  |  |   | <b>SEX</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |   | <b>TRAINEE'S PAY RATE</b><br>_____   |                                       | <b>DOES TRAINEE HAVE A COPY OF<br/>APPROVED TRAINING PROGRAM?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>HAS TRAINEE REVIEWED<br/>PROGRAM REQUIREMENTS?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| <b>MDOT STANDARD TRAINING PROGRAM</b><br><input type="checkbox"/> Construction Craft Laborer <input type="checkbox"/> Painter<br><input type="checkbox"/> Cement Mason <input type="checkbox"/> Ironworker<br><input type="checkbox"/> Carpenter <input type="checkbox"/> Equipment Operator<br><br>Total hours of program: _____<br><br>** Approved transfer hours: _____ |  |   |  | <b>CONTRACTOR-DESIGNED APPROVED<br/>TRAINING PROGRAM</b><br><br>Name of program: _____<br>_____<br>Total hours of program: _____<br><br>** Approved transfer hours: _____ |                                      |                                       |   | <b>APPROVED UNION TRAINING PROGRAM (Apprenticeship)</b><br><br>Name of program: _____<br>_____<br>Year of apprenticeship: _____<br>_____<br>Total hours of program: _____<br><br>** Approved transfer hours: _____ |   |  |  |

\*\* NOTE: Only complete if trainee has worked previously on a different project in the same training program .

**MONTHLY OJT PILOT PROGRAM REPORT AND TRAINING LOG *(continued)***

|               | ACTIVITIES FROM APPROVED PROGRAM | FOR EACH ACTIVITY<br>TOTAL NUMBER OF<br>PROGRAM HOURS |
|---------------|----------------------------------|---|
| <b>Week 1</b> |                                  |   |
|               |                                  |   |
|               |                                  |   |
| <b>Week 2</b> |                                  |   |
|               |                                  |   |
|               |                                  |   |
| <b>Week 3</b> |                                  |   |
|               |                                  |   |
|               |                                  |   |
|               |                                  |   |
| <b>Week 4</b> |                                  |   |
|               |                                  |   |
|               |                                  |   |

\*\* Attach additional sheet if more space is needed.

TOTAL HOURS EARNED THIS MONTH: \_\_\_\_\_

TOTAL HOURS EARNED TO DATE: \_\_\_\_\_

COMMENTS:

|  |      |                   |      |
|--|------|-------------------|------|
| PREPARED BY (Signature and Title of Contractor's Representative) | DATE | TRAINEE SIGNATURE | DATE |
|  |      |                   |      |

**NOTE:** Fill this section out when Training Program has been completed. Final monthly report should be submitted within 10 days of completion.

|                              |                     |
|------------------------------|---------------------|
| DATE TRAINING WAS COMPLETED: | TOTAL HOURS EARNED: |
|                              |                     |